



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Tuesday 20220426

## HIV/ AIDS

**Over 17 lakh people contracted HIV in India in last 10 years by unprotected sex: RTI reply**

**Data, however, reveals that among all states and Union territories, a consistent decline in cases of transmission of HIV was seen (The Tribune: 20220426)**

<https://www.tribuneindia.com/news/nation/over-17-lakh-people-contracted-hiv-in-india-in-last-10-year-by-unprotected-sex-rti-reply-389082>

Over 17 lakh people contracted HIV in India in last 10 year by unprotected sex: RTI reply  
Photo for representation. — iStock

Over 17 lakh people contracted HIV in the country in the last 10 years due to unprotected intercourse, according to the data provided by National AIDS Control Organisation in response to an RTI query.

However, the number of people contracting HIV (human immunodeficiency virus) in the last 10 years has come down significantly. HIV transmission by unprotected sex was recorded in 2.4 lakh people in 2011-12, while the number reduced to 85,268 in 2020-21.

In response to the RTI query filed by Madhya Pradesh-based activist Chandra Shekhar Gaur, the National AIDS Control Organisation (NACO) stated that 17,08,777 people contracted HIV by unprotected sex between 2011-2021 in India.

Among the states, Andhra Pradesh recorded the highest number of such cases of HIV transmission at 3,18,814 followed by Maharashtra at 2,84,577, Karnataka at 2,12,982, Tamil Nadu at 1,16,536, Uttar Pradesh at 1,10,911 and Gujarat at 87,440 cases.

Also, 15,782 people contracted HIV by transmission through blood and blood products from 2011-12 to 2020-21, and 4,423 contracted the disease by mother to child transmission according to 18 month antibody testing data.

Among all states and Union territories, a consistent decline in cases of transmission of HIV was seen, the data said.

As of 2020, there are 23,18,737 people living with HIV, including 81,430 children, in the country.

The information on modes of transmission of HIV has been recorded by the counselor from the response given by HIV positive individuals during the time of pre-test/post-test counseling so the data is self-reported, the RTI application said.

HIV attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).

The virus can be transmitted through contact with infected blood, semen or vaginal fluids.

Within a few weeks of HIV infection, flu-like symptoms such as fever, sore throat and fatigue can occur. Then the disease is usually asymptomatic until it progresses to AIDS. AIDS symptoms include weight loss, fever or night sweats, fatigue and recurrent infections.

HIV has no effective treatment. However, it can be managed with proper medical care.

Satish Koul, Director, Internal Medicine, Fortis Memorial Research Institute, Gurugram said the HIV situation in India has been stabilising in the last one decade.

“India has a very good network of NACO, a Government of India organisation, which is responsible for managing HIV patients right from his/her diagnosis. With easy availability of Highly Active Anti Retroviral Treatment (HAART), the prognosis of HIV patients has improved over the last two decades. In fact since the year 2000, the prevalence of HIV infected patients is on a declining trend,” he told PTI.

On the declining trend in the transmission cases of HIV, Prabhat Ranjan Sinha, Senior Consultant, Internal Medicine, Aakash Healthcare, Dwarka said due to the Covid-19 pandemic and lockdown restrictions, HIV detection has been low in the country for the past two years.

“Now that Covid has passed us by, the number of HIV patients is likely to rise. If a person tests positive for HIV, he should begin antiretroviral therapy (ART) as soon as possible,” he added.

## **Anemia**

### **Screen and treat with iron-folic acid approach efficacious in reducing prevalence of anaemia**

**Anaemia remains a public health problem in India, particularly among women, says senior scientist Dr Raghu Pullakhandham (The Tribune: 20220426)**

<https://www.tribuneindia.com/news/health/screen-and-treat-with-iron-folic-acid-approach-efficacious-in-reducing-prevalence-of-anaemia-388813>

Screen and treat with iron-folic acid approach efficacious in reducing prevalence of anaemia  
Photo for representational purpose only. Thinkstock

The ‘screen and treat with iron-folic acid’ approach is efficacious in reducing prevalence of anaemia among women of reproductive age, and significant treatment effects persist for a period of one year, found a study by the ICMR’s National Institute of Nutrition.

Anaemia remains a public health problem in India, particularly among women, Dr Raghu Pullakhandham, a senior scientist at the National Institute of Nutrition (NIN) and lead investigator of the study, told PTI.

“The population approach to anaemia has been prophylactic iron-folic acid (IFA) supplementation since the last four decades, yet, the prevalence of anaemia has remained stubbornly above 50 per cent among Indian women,” Pullakhandham said.

In an attempt to strengthen anaemia control, the government recently launched the ‘Anemia Mukh Bharat (AMB)’ programme, which, in addition to the existing prophylactic IFA supplementation for women of reproductive age, advocated an additional screening for blood hemoglobin levels and treatment with IFA tablets.

This approach was evaluated by ICMR-NIN, Hyderabad, among 470 women of 17-21 years in age.

Screening for hemoglobin followed by treatment with IFA for 90 days reduced the prevalence of anaemia by 40 per cent—reduced from 70 to 30 per cent—and improved the body iron stores as estimated by serum ferritin, an iron storage protein, Pullakhandham stated.

When the same women are followed up again in one year time, there is a small decline in hemoglobin levels (by 0.5g/dL) and an increase in anaemia prevalence (by 10 per cent), which is still lower compared to anaemia at the start of the study (70 per cent), he explained.

“This study, therefore, demonstrates that screening followed by IFA supplementation as suggested by ‘Anemia Mukht Bharat’ guidelines is efficacious in reducing the prevalence of anaemia among WRA, and significant treatment effects persist for a period of one year, “ he said.

## **Covid-19 three times more lethal than influenza**

### **Covid-19 three times more lethal than influenza Study finds that Covid-19 is associated with higher risk of infection severity and admission to ICU(The Tribune: 20220426)**

<https://www.tribuneindia.com/news/health/covid-19-three-times-more-lethal-than-influenza-388572>

Adults hospitalised with COVID-19 are at significantly higher risk of complications and death than those with influenza, despite being younger and having fewer chronic illnesses, according to a study conducted in Spain.

The finding, being presented at this year’s European Congress of Clinical Microbiology & Infectious Diseases (ECCMID) in Lisbon, Portugal from April 23-26, also suggests that COVID-19 is associated with both longer stays in hospital and intensive care, and costs nearly twice as much to treat.

The researchers from the Hospital del Mar in Barcelona, Spain examined medical records of 187 patients—average age 76 years and 55 per cent male—admitted to hospital with seasonal influenza infection between 2017 and 2019.

They also analysed records of 187 COVID-19 patients—average age 67 years and 49 per cent male—hospitalised during the first wave of the pandemic between March and May, 2020, who all required oxygen therapy at admission.

In both groups, patients were enrolled consecutively until the required sample size was reached.

The study compared clinical characteristics, healthcare resource use outcomes, including length of stay, admission to intensive care, hospital costs, and death.

Influenza patients tended to have more existing chronic illnesses and problems performing activities of daily living than COVID-19 patients, but were less likely to be overweight or obese.

The analysis found that COVID-19 was associated with higher risk of infection severity and admission to ICU.

“Our findings suggest COVID-19 is far more lethal than influenza. Despite influenza patients being older and having more comorbid illnesses, COVID-19 patients had consistently worse health outcomes and were considerably more expensive to treat,” said study lead author Inmaculada Lopez Montesinos from the Hospital del Mar.

“Even for those people who are lucky enough to survive COVID-19 and make it out of the hospital, they will be forever scarred by the consequences. It is vital that people get fully vaccinated and boosted against both viruses,” Montesinos said.

COVID-19 patients were more likely to experience certain complications such as acute kidney injury, blood clots, and moderate to severe acute respiratory distress syndrome, where the lungs cannot provide the body’s vital organs with enough oxygen.

On the other hand, influenza patients were more likely to suffer from bacterial pneumonia, according to the researchers.

Overall, 29 out of 187 (15 per cent) COVID-19 patients and 10 out of 187 (5 per cent) influenza patients died of any cause within 30-days of hospitalisation, and the death rate after 90 days was even higher, they said.

The authors of the study noted that there were no differences in mortality trends between the three seasonal influenza periods studied.

After accounting for potential confounders including age, comorbidities, sex, disease severity, presence of pneumonia, and corticosteroid treatment, the researchers found that COVID-19 patients were more than three times as likely to die within 30 and 90 days of being admitted to hospital than influenza patients.

Further analyses showed that COVID-19 patients spent far longer in hospital compared with influenza patients, the researchers said.

The average cost of critical care for COVID-19 patients was almost twice as much as for influenza patients, they said, adding pharmacy treatment and testing costs were also significantly higher in the COVID-19 group.

The authors acknowledge that several limitations of their study, including that it was conducted in one tertiary-care hospital in Spain, so the findings might not be generalisable to other populations.

They also noted that no genotyping studies were conducted, and although it is highly likely that COVID-19 patients were affected by wild-type B.1, the results may not reflect the current scenario in which multiple SARS-CoV-2 variants are circulating globally.

**Covid-19 three times more lethal than influenza  
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## **Rohtak PGIMS begins non-surgical treatment of heart disorders in kids(**

### **Rohtak PGIMS begins non-surgical treatment of heart disorders in kids (The Tribune: 20220426)**

<https://www.tribuneindia.com/news/haryana/rohtak-pgims-begins-non-surgical-treatment-of-heart-disorders-in-kids-388364>

Rohtak PGIMS begins non-surgical treatment of heart disorders in kids

A doctor examines child for suspected heart disorder. Tribune photo

Rohtak PGIMS has started non-surgical treatment of heart disorders amongst children. It is the first government health institute in Haryana to provide this facility. Prof Anita Saxena, Vice-Chancellor of the Pt Bhagwat Dayal Sharma University of Health Sciences (UHS), Rohtak, said, “If a child’s complexion is turning blue, he/she sweats while having milk, breathes fast, does not gain weight and is contracting pneumonia/infections frequently, the child should be brought to the Cardiology Department, Rohtak PGIMS.”

If a child’s complexion is turning blue, he/she sweats while having milk, breathes fast, does not gain weight and contracts pneumonia/infections, the child should be brought to the Cardiology Department of the PGIMS. Prof Anita Saxena, VC, Pt Bhagwat Dayal Sharma University of Health Sciences, Rohtak

“The aforesaid symptoms should not be ignored or taken lightly as these indicate heart disorders amongst children,” she stated. The VC maintained that a number of children, including newborns having heart disorders, had been treated at the PGIMS during the past three months.

“Two children who had reached a critical condition have got a new lease of life in recent days,” said Professor Saxena, who has served at the AIIMS, New Delhi, as a paediatric cardiologist.

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Symptoms in children

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## **Unhealthy packaged food**

### **7 in 10 Indians in favour of ‘warning sign’ on unhealthy packaged food: Survey**

**There has been a significant rise in consumption of junk food, especially, packaged and processed food, among Indians over the last two decades (The Tribune: 20220426)**

<https://www.tribuneindia.com/news/health/7-in-10-indians-in-favour-of-warning-sign-on-unhealthy-packaged-food-survey-388259>

7 in 10 Indians in favour of ‘warning sign’ on unhealthy packaged food: Survey  
Photo for representational purpose only. iStock

Seven out of 10 Indians are in favour of a “red warning sign” on packaged food containing high fat, sugar, and salt, according to a new survey.

The study conducted by Local Circles, a community social media platform, showed 31 per cent of the 11,439 consumers are in favour of a “red warning sign” on such packaged products.

Another 39 per cent said that in addition to the red sign, “there should be a green or orange sign on healthy products” while 20 per cent said every product should have a star rating based on its contents.

Only 8 per cent of the respondents said that “none of the above is needed, packaged food products must continue to be sold without any warnings or signs”.

There has been a significant rise in consumption of junk food, especially, packaged and processed food, among Indians over the last two decades.

This has led to an adverse effect on public health as most of these foods contain a high amount of sugar or salt and bad fat ingredients, which result in an increase in non-communicable disease (NCDs) like obesity as well as rise in conditions, such as diabetes and heart disease.

It is estimated that nearly 5.8 million people in India die due to NCDs every year.

One of the solutions to address this fast-growing problem is the introduction of regulations that will help consumers make informed choices when they are planning to consume processed foods, the survey said.

People should be able to distinguish between packaged and processed foods and the one that contains a high amount of salt, sugar, fat (HFSS) content, it said.

The Food Safety and Standards Authority of India has proposed a plan to introduce Health Star Rating (HSR) for packaged food products.

The HSR rates foods on a five-star scale are based on factors such as energy, saturated fat, sodium, total sugar, and healthier aspects such as protein, and natural ingredients.

The regulator has decided to go ahead with a new star rating system for packaged foods and beverages, despite criticism from consumer activist groups and food experts. Consumer activist groups have written to the Ministry of Health and Family Welfare warning that such a system can be easily manipulated by the industry, compromising public health.

They point out that though the ‘nutrition information’ provides some idea about the product, it does not help consumers in making a healthy choice.

**Mohilla ClinicsThe Asian Age: 20220426)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=16322788>

# 95% mohalla clinics patients happy with services: Kejriwal

**New Delhi, April 25:** Delhi chief minister Arvind Kejriwal on Monday said 95 per cent of the patients visiting Aam Aadmi mohalla clinics in the national capital are satisfied with the services provided there.

He also showed a model mohalla clinic and a Delhi government school to his Punjab counterpart Bhagwant Mann, who is on a two-day tour to the city to learn about the best practices of the Aam Aadmi Party's (AAP) model of governance. At a mohalla



Arvind Kejriwal

clinic, patients told Mr Mann that on an average a person spends just 10 minutes in these clinics to meet the doctor and get their medicines prescribed.

"Ninety-five per cent of the patients visiting the

mohalla clinics are happy with the services. Anybody, be it from any state, can come and get free treatment at these health facilities. "We have opened two mohalla clinics in Delhi's most posh area—Greater Kailash—and a lot of rich patients also come to these centres," Mr Kejriwal told Mr Mann.

Mr Kejriwal told Punjab government officials that the principals of government schools were sent for training abroad and the teachers were trained at the IIM. —PTI

**Malaria (Hindustan Times: 20220426)**

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=16322788>

# Tracking India's fight against malaria

Hundreds of thousands of people are at the risk of malaria, an age-old mosquito-borne scourge that worsened during the Covid-19 pandemic. On World Malaria Day, a look at the country's progress in eliminating the disease

**86.45%**

**DROP IN CASES**

India reported 86.45% drop in new malaria cases, and 79.16% decline in deaths in 2021 as compared to 2015, latest government data show

**158,326**

CASES, 83 DEATHS LAST YEAR

**124**

DISTRICTS REPORTED ZERO CASES IN 2021

## Pandemic set progress back

Before 2020, the world made steady progress on the transmission and treatment of malaria. Annual cases fell by 27% by 2017 compared with the start of the century and deaths plunged by over 50%. But, according to WHO estimates 627,000 people died of malaria in 2020, the latest year for which figures are available – an increase of 12% over 2019. There were 241 million cases of malaria in 2020 compared to 227 million cases in 2019

## Africa shouldering burden

The WHO African Region continues to carry a high share of the global malaria burden. In 2020 the Region was home to 95% of all malaria cases and 96% of deaths. Children under 5 years of age accounted for about 80% of all malaria deaths in the Region. Nigeria, Democratic Republic of Congo, United Republic of Tanzania and Mozambique accounted for over half of all malaria deaths worldwide

## 2027 ELIMINATION GOAL

India has set a target of being malaria-free by 2027 and eliminating the disease by 2030. For this, the government plans to ensure that ground level frontline healthcare workers including the ASHAs (accredited social health activists), ANMs (auxiliary nurse midwives) along with partner organisations work in tandem for creating mass awareness about diagnosis, timely and effective treatment, and vector control measures

## Remarkable progress: Mandaviya

"India has made remarkable progress in reducing malaria incidence and deaths. This is a major step towards our goal for elimination of malaria but still more needs to be done to fulfil the dream of malaria free India."

— MANSUKH MANDAVIYA, Union health minister



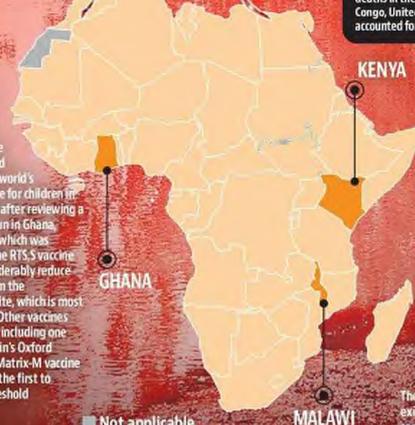
## Targeted timeline

- Eliminate malaria from all 26 low and moderate transmission states by 2022
- Reduce the incidence of malaria to less than 1 case per 1000 population per year by 2024
- Interrupt indigenous transmission of malaria throughout the country by 2027
- Prevent the re-establishment of local transmission of malaria in areas where it has been eliminated and maintain national malaria-free status by 2030 and beyond

Source: National Framework for Malaria Elimination in India

## VACCINE BUZZ

In October 2021, the WHO recommended "broad use" of the world's first malaria vaccine for children in sub-Saharan Africa after reviewing a pilot programme run in Ghana, Kenya and Malawi which was initiated in 2016. The RTS,S vaccine was found to considerably reduce child mortality from the *P. falciparum* parasite, which is most common in Africa. Other vaccines are on the horizon, including one developed by Britain's Oxford University, whose Matrix-M vaccine candidate became the first to surpass a WHO threshold of 75% efficacy



IN 2+ YEARS

**2.4million+**  
DOSES

**830K+** CHILDREN  
VACCINATED

Estimated to be cost-effective in areas of moderate to high malaria transmission

**30**  
YEARS

The result of 30 years of research and development

The RTS,S vaccine can be delivered through the existing platform for childhood vaccination that reaches more than 80% of children.

## Amid case spike

## Amid case spike, Delhi ups Covid testing (Hindustan Times: 20220426)

<https://epaper.hindustantimes.com/Home/ShareArticle?OrgId=2645c7a3991&imageview=0>

For the early detection of Covid-19 infections, the Delhi government is setting up free testing camps across the Capital to ensure that anyone who is experiencing flu-like symptoms can be tracked and isolated. Government officials said over 250 temporary testing camps will be set up across the districts to ensure that the Covid spread is contained early in city.

Delhi on Monday recorded 1,011 new Covid cases and one death from the disease, according to the Delhi government's daily health bulletin. Since Friday, the Capital has been seeing over 1,000 new cases daily.

A senior official of the Delhi government's health department said testing has been ramped up on the directions of the Delhi Disaster Management Authority on April 20.

Officials also said the government is also working on a plan to start home testing for immobile patients along the lines of the door-to-door vaccine programme. This is likely to be introduced with a small “convenience fee”, officials in the know of the matter said.

“Based on the report, the district administration will contact the patient, assess their health condition based on their age and comorbidities while also ascertaining the availability of caregivers,” said a health official.

District officials said these testing camps will be temporary in nature and will be moved to different locations based on requirement.

The health department said the government has also restarted the deployment of teams in crowded public places to randomly conduct tests.

“Increasing testing will help in the early detection and also contain the spread of the virus,” said Dr Suneela Garg, professor and member of the Lancet Commission Covid India Task Force.

## **Gut health**

### **Why is gut health taking over TikTok?**

**Chronic, unexplained abdominal pain, constipation and diarrhea are all signs of poor gut health, experts said. People may also feel sluggish, or “blah.” (The Indian Express:20220426)**

<https://indianexpress.com/article/lifestyle/health/gut-health-taking-over-tiktok-digestion-7885811/>

gut health Include loads of fiber in your diet to improve gut health (Source: Getty Images/Thinkstock)

By Dani Blum

Every few months, like clockwork, hundreds of videos promising tips and tricks to “hack” your gut flood TikTok. In March, influencers pushed shots of aloe vera juice: “My digestive system, like my gut health? Never been better,” one gushed in a video with one million likes while tapping on a purple bottle of the drink. Another, with the username “oliveoilqueen,” advocated drinking extra virgin olive oil every day in a video viewed more than 3.5 million times, claiming that doing so cleared her skin, made her periods less painful and fixed her frequent bloating. Videos tagged with #guttok have garnered nearly 400 million views. They’re crammed with suggestions for cucumber-ginger juices and boiled apples, bone broth in the morning and sludgy sweet potato soups at night.

ALSO READ |Improve gut health with these nine Ayurveda food rules

There’s not enough data to prove whether any of these supposed fixes improve digestive functions, gastrointestinal experts said. Some purported gut-health helpers, like coconut oil,

have high fat content that can loosen stool and irritate your stomach, said Beth Czerwony, a registered dietitian with the Cleveland Clinic's Center for Human Nutrition. Others, such as aloe vera juice, may cause diarrhea in some people. And since the Food and Drug Administration largely does not regulate supplements, gastroenterologists are reluctant to recommend the pills, powders and products promoted by influencers.

gut health Your gut health is linked to your immunity. (Source: Getty Images/Thinkstock)

"If somebody is claiming to have something that will immediately turn gut health around, you should be skeptical of that," said Justin Sonnenburg, a professor of microbiology and immunology at Stanford. Instead, his research points to long-term lifestyle habits that can benefit the gut — ones that rarely go viral or make their way to social media acclaim.

How gut health went mainstream

The online obsession with gut health is just one example of self-transformation content, said Stephanie Alice Baker, a senior lecturer in sociology at the City, University of London who studies online wellness culture. "What you see is this trend of self-optimization," Dr. Baker said. The most popular #guttok videos tend to feature before and after pictures — the swell of bloating under a crop top becomes toned abs. In a culture that sometimes bristles at mentions of dieting or weight loss, framing these changes around a topic like gut health might be more palatable to an influencer's audience, she said.

ALSO READ |Absence of gut bacteria might influence depression: Study

There's also an inherent intimacy that comes with talking about the gut, Dr. Baker said. Authenticity attracts an audience — and it's hard to get more personal than talking about bowel movements.

"That's what people are referring to when they say gut health," said Dr. Rabia De Latour, a gastroenterologist at NYU Langone Health. "They want to stamp a nice, pretty name on it, but it's about pooping."

gut health If you're concerned about your gut, pay attention to the consistency of your stool (Source: Getty Images/Thinkstock)

How do you know if you have poor gut health?

There's evidence to suggest that gut-related health conditions, particularly irritable bowel syndrome, have spiked over the past few decades, said Dr. Sonnenburg, a surge he attributes to the rise of processed and packaged foods. A global survey published in 2021 of over 73,000 adults from 33 countries found that more than 40 percent of respondents had gastrointestinal disorders, like irritable bowel syndrome or constipation.

Chronic, unexplained abdominal pain, constipation and diarrhea are all signs of poor gut health, experts said. People may also feel sluggish, or "blah."

If you're concerned about your gut, pay attention to the consistency of your stool, Dr. De Latour said; you want them to be soft, smooth and sausage shaped. The Bristol Stool Chart, a medical classification of seven groups of poop, can help determine whether or not your stool is healthy.

ALSO READ |Guide to eat right: Explore the connection between gut health, vitamin D and immunity

Gut health can have long-term health consequences, doctors said. The gut is linked to the immune system and heart health, and emerging research is examining the link between gut flora and neurological disorders like Parkinson's disease, said Dr. Reezwana Chowdhury, an assistant professor at Johns Hopkins Medicine.

Issues with your gut could point to a larger health problem, she added, and people experiencing gastrointestinal symptoms like abdominal pain or chronic diarrhea should consult a doctor.

What can you do to improve your gut health?

— **EAT MORE FIBER:** Two kinds of fiber can aid your gut: soluble fiber — the gummy fibers we get from foods like oatmeal and apple skins — and insoluble fiber, which serves as a laxative that helps push food through the digestive system. Nuts, whole grains, beans and legumes can be good sources of insoluble fiber, Ms. Czerwony said. Be careful not to introduce a lot of fiber too quickly, though. You want to ease into any dietary changes, experts said, and steadily increase the amount of fiber-rich foods you add to your meals over a period of weeks.

— **LIMIT PROCESSED FOODS:** Emulsifiers that help keep packaged foods shelf-stabilized can erode the mucus barrier in your gut, Dr. Sonnenburg said, and artificial sweeteners found in many processed foods can lead to unhealthy gut microbes. Bacteria in the gut may quickly convert simple sugars and starches into gas, he said, causing bloating. This means that fast foods and processed foods — which Dr. Sonnenburg defines as foods with ingredients “your grandmother wouldn't recognize as food,” like additive chemicals — can contribute to poor gut health. The gut microbiome is fairly resilient, though, he said; the occasional ice-cream binge or gas-station snack won't wreak havoc on your gut health.

**ALSO READ** | [Five Indian foods to cure your gut problems](#)

— **OPT FOR FERMENTED FOODS:** Dr. Sonnenburg published a study in August showing that fermented foods like yogurt, kimchi, kefir, sauerkraut and kombucha can increase the diversity of bacteria in the gut. His research found that people who ate six servings of fermented foods each day saw these benefits — the equivalent of consuming one cup of yogurt, one 16-ounce bottle of kombucha and one cup of kimchi in a day. Past research has linked high levels of diversity in your gut microbiome to lower rates of obesity, diabetes and other health conditions.

— **LOWER YOUR STRESS LEVELS:** There's a strong connection between the gut and the brain, Ms. Czerwony said. “If you're stressed, if you're not sleeping well, you might have gastrointestinal symptoms and think it's from your diet. It could be from your lifestyle,” she said. Adequate levels of sleep, hydration and exercise are also linked to gut health, she said. Even a small amount of physical activity can help with digestion. “If you're feeling sluggish and bloated, go for a walk,” she said.

## World Malaria Day 2022

### World Malaria Day 2022: How the infection can be harmful during pregnancy; tips for expectant mothers

**"Pregnant women are prone to malaria infection because of their immuno-compromised state during that phase," Dr Seema Sharma, Senior Consultant, Obstetrics and Gynaecology(The Indian Express:20220426)**

<https://indianexpress.com/article/lifestyle/health/world-malaria-day-2022-theme-pregnancy-harms-tips-for-expectant-mothers-7886003/>

malaria, pregnancy Malaria remains one of the most preventable causes of adverse birth outcomes (Source: Getty Images/Thinkstock)

Malaria is a mosquito-borne infectious disease caused due to the bites of infected female Anopheles mosquitoes, resulting in symptoms such as high fever, nausea, fatigue, and headache among others. According to the World Health Organisation (WHO), this life-threatening disease infected an estimated 241 million people worldwide in 2020. As such, to spread awareness about malaria and recognise global efforts to control it, World Malaria Day is observed on April 25, every year.

This year, it is being celebrated with the theme – ‘Harness innovation to reduce the malaria disease burden and save lives’. While everyone needs to follow preventive measures, expectant mothers need to be even more careful as malaria infection during pregnancy can have adverse effects on both mother and fetus, Centers for Disease Control and Prevention (CDC) notes.

ALSO READ |World Malaria Day 2022: All you need to know about causes, symptoms, and treatment

According to a Lancet study, it remains one of the most preventable causes of adverse birth outcomes. Explaining the same, Dr Seema Sharma, Senior Consultant, Obstetrics and Gynaecology, Paras Hospitals, Gurugram, said, “Malaria can cause havoc during pregnancy because it can be harmful to both baby and the mother. Untreated malaria can cause maternal anaemia, fetal loss, premature delivery, intrauterine growth retardation, and delivery of low birth-weight infants.”

malaria, pregnancy Pregnant women should not travel to malaria-endemic areas (Source: Getty Images/Thinkstock)

“Pregnant women are prone to malaria infection because of their immuno-compromised state during that phase,” she told indianexpress.com.

Tips for pregnant women

To prevent the infection, expectant mothers must follow these tips, as shared by the expert.

ALSO READ |As cases of fungal infection rise during summer, doctors share tips to stay safe

- \*They should not travel to malaria-endemic areas.
- \*They should take antimalarial pills (after a doctor's consultation) and avoid mosquito bites.
- \*Pregnant women should sleep under an insecticide-treated bednet.
- \*They should keep their house clean and well-ventilated.
- \*Water stagnation anywhere near the house should be cleaned immediately.

## Vaccination

### HomeLifestyleHealthVaccinated and never infected with Covid-19: Third dose can boost your immunity(The Indian Express:20220426)

<https://indianexpress.com/article/lifestyle/health/cardiac-rehab-for-heart-patients-saves-lives-and-money-7876786/>

Vaccinated and never infected with Covid-19: Third dose can boost your immunity  
The study published recently in the Journal of Infection has looked into the IgG and neutralizing antibody response in individuals vaccinated with two doses of Covishield vaccine against B.1, Delta, Beta and Omicron variants of the virus.

A senior citizen getting vaccinated with the booster dose of Covid-19 vaccine in Ludhiana. (Express photo by Gurmeet Singh)

A new study by the Indian Council of Medical Research and National Institute of Virology has made a strong case for the administration of a precautionary third dose of the Covid-19 vaccine to boost immunity. The recommendation is particularly for people who have been vaccinated but not infected with the coronavirus in the past two years.

The researchers associated with the study compared three groups of people – ‘naïve vaccinees’, that is those who have taken the vaccine but have not been infected with Covid; individuals who have recovered from Covid-19 and who had taken two doses of the vaccine; and finally, individuals with SARS-CoV-2 breakthrough infection, that is those who contracted the virus after taking both the jabs.

Also Read |Only 3.8 lakh 3rd jabs, half of them in last 4 days

“Our study demonstrated lower IgG (Immunoglobulin, a type of antibody) and Nab (neutralizing antibody) response in naïve vaccinees than other groups. This emphasises the waning immune response in naïve vaccinees post second dose and warrants the administration of precautionary dose to boost immunity,” researchers associated with the study told The Indian Express.

The study published recently in the Journal of Infection has looked into the IgG and neutralizing antibody response in individuals vaccinated with two doses of Covishield vaccine against B.1, Delta, Beta and Omicron variants of the virus.

The neutralising antibody is responsible for defending cells from pathogens. They are produced by the body as part of its immune response and their production can be triggered by an infection or vaccination against an infection. Immunoglobulin, also known as antibodies, are essentially glycoprotein molecules produced by white blood cells. They act as a critical part of the immune response by specifically recognising and binding to bacteria or viruses and helping to destroy the

**Allergy season is about to get worse. Here's how to prepare  
Some of the symptoms of allergies, like congestion, coughing and a runny nose, overlap with warning signs of Covid-19, but if your nose turns into a leaky faucet every spring, then allergies are the likely culprit(The Indian Express:20220426)**

<https://indianexpress.com/article/lifestyle/health/allergy-season-is-about-to-get-worse-heres-how-to-prepare-7885161/>

allergyIf you act quickly, there are a few practical steps you can take to manage symptoms, reduce allergens in your home and get long-term relief.

By Knvul Sheikh

Springtime comes with an uptick in stuffy noses and scratchy throats, and for many it has nothing to do with Covid-19. There are 19.2 million adults and 5.2 million children in the United States who suffer from seasonal allergies, also called hay fever, according to the Centers for Disease Control and Prevention.

Some of the symptoms of allergies, like congestion, coughing and a runny nose, overlap with warning signs of Covid-19, but if your nose turns into a leaky faucet every spring, then allergies are the likely culprit.

ALSO READ |Probiotic combo may curb seasonal allergy symptoms

Unfortunately, that's where the good news ends. Several studies show that pollen seasons are getting longer and more intense across the country. Climate change and rising carbon dioxide emissions are expected to boost the growth of trees and grasses in many areas, which will mean higher pollen concentrations.

“For people who have been managing seasonal allergies for a long time, they may have already noticed allergy symptoms starting earlier, lasting longer and being more intense than even a few years ago,” said Kenneth Mendez, the president and chief executive of the Asthma and Allergy Foundation of America.

In the Southeast, pollen counts start rising as early as January for some trees, including cedar and juniper. Elm, maple and oak trees have pollen seasons that can run from March to May.

And in the northern United States, several types of grasses also start releasing pollen in late spring or early summer, according to the A.A.F.A. (Though flowers are often blamed, they don't usually trigger seasonal allergies because their pollen is large and sticky, designed to attract insects rather than float through the air.)

You cannot avoid pollen entirely, but there are ways to prevent or reduce symptoms. And you may just have to take these steps a little earlier every year, Mr. Mendez said.

Find medication that works for you

Several over-the-counter and prescription medications can help with allergy symptoms. Many doctors recommend nasal steroid sprays like Nasonex (with a prescription) or Flonase as the first line of treatment, said Dr. Sandra Hong, an allergist at the Cleveland Clinic.

ALSO READ |Is it possible to outgrow a food allergy? Experts answer

But they may take a few days or weeks to provide relief from stuffiness and sneezing, so it is best to begin using them early in the season, before your symptoms become severe. Antihistamines — whether sprays like Astelin; pills like Allegra, Claritin or Zyrtec; or eye drops like Optivar — are other alternatives to take when needed, because they have a more immediate effect, she said.

Decongestants like Afrin or Sinex can also come to the rescue in a pinch. But Dr. Hong recommended these drugs last because they can have a rebound effect. After a few days of using decongestants, the blood vessels in your nose become less responsive to the medication and you may feel severe congestion again. So limit these medicines to no more than three days in a row.

It takes some trial and error to find the best medication regimen. “If patients have tried one medication and it doesn't seem to be working for them, they should absolutely try other types to see if they're more effective,” Dr. Hong said.

You should also talk to your doctor about prescription options if you have already tried several over-the-counter allergy medicines. An allergy specialist can help you formulate a plan for your specific allergies ahead of time.

Give your sinuses a bath

For a medication-free option, consider nasal irrigation. The practice traces back thousands of years to the Ayurvedic medical traditions of India and its effectiveness is backed by research. To try it yourself, use a neti pot, bulb syringe or squeeze bottle and pour a saline solution in one nostril, letting it drain out the other.

“It seems like a simple concept, but it helps flush out mucus, pollen and other allergens in your nasal cavity,” said Dr. Laura Chong, an allergist at the Oklahoma Allergy & Asthma Clinic in Oklahoma City.

The result is that you feel less congested and you may need less allergy medication, Dr. Chong said.

Plan time outdoors wisely

Many popular weather apps and websites provide “allergy forecasts” or pollen counts. On the National Allergy Bureau website there is a list of more than 80 stations throughout the United States that provide more detailed daily pollen updates based on different species of plants. You can select the station closest to you and receive notifications for the particular pollen allergy you have.

**ALSO READ** |World Allergy Week: Leading causes of respiratory allergies in an indoor setting

Pollen counts tend to be at their highest between early morning and midmorning, as well as on hot, dry, windy days, Dr. Chong said. If you can exercise indoors during those times or run errands later in the evening, you will reduce the amount of pollen you inhale, she added.

If you are prone to allergy symptoms and have to go out in the morning or do yardwork, wear a high-quality N95 mask — the kind you may already have for protection against the coronavirus. This will help filter out pollen.

### Reduce pollen at home

Avoid bringing pollen back inside after you’ve been outdoors. Take your shoes off and change your clothes when you get home. Shower before going to bed to remove pollen from your body. And don’t have your furry pets sleep with you, Dr. Hong said. “Even if you’re not allergic to your pets, there is pollen on their coats.”

In order to sleep better, you can try zipping up your mattress and pillows in hypoallergenic encasements, washing bedding in hot soapy water once a week and using a dryer instead of a clothesline.

Dr. Hong also recommended cleaning and replacing your air-conditioner filter with one that has a Minimum Efficiency Reporting Value (MERV) of 11 or higher. These filters are capable of capturing tiny pollen particles. If you have severe allergies, you may even want to splurge for a professional-style HEPA (high-efficiency particulate air) filter in your bedroom. HEPA filters typically have a MERV rating of 17 or higher and remove 99 percent of pollen, as well as animal dander, dust and other particles.

### Consider allergy immunotherapy

If allergies are taking a toll on your everyday life, you may want to talk to your doctor about immunotherapy for long-term relief.

After confirming exactly which types of pollen you are allergic to with a skin prick exam or blood test, your doctor may recommend subcutaneous allergy immunotherapy, or allergy shots. This involves a series of injections given every week or every month containing minuscule amounts of the pollen you are allergic to. The dose is gradually increased, helping your immune system become less sensitive to the allergen over time.

**ALSO READ** |Can wearing a mask reduce my allergy symptoms?

In the last decade, the Food and Drug Administration has started to approve another form of immunotherapy, known as sublingual immunotherapy. Here, tiny amounts of pollen come in tablet form, placed under the tongue for one to two minutes and then swallowed as they

dissolve. Currently, the only approved tablets are for allergies to dust mites, ragweed and northern pasture grasses like timothy, although more tablets are being tested in clinical studies.

Both types of immunotherapy require patience. It may take six months or a year to see a reduction in symptoms, Dr. Hong said. Still, you may need to stay on the treatment for three to five years before your body can reliably ignore your triggers.

When it works, immunotherapy can be amazing, Dr. Hong said. People who once suffered yearly stuffy noses and itchy eyes can, after successful treatment, enjoy the spring again.

## **mild and moderate exercise**

### **Even mild and moderate exercise can lower the risk of depression, finds a new data analysis**

**The findings of this analysis go on to prove that exercise is not just for attaining aesthetic fitness goals, but also for holistic health(The Indian Express:20220426)**

<https://indianexpress.com/article/lifestyle/health/even-mild-and-moderate-exercise-can-lower-the-risk-of-depression-says-a-new-data-analysis-7870906/>

exercise, mental health, how exercise aids in better mental healthThe analysis found that adults who did activities equivalent to 1.25 hours of brisk walking per week had an 18% lower risk of depression compared with those who did not exercise. (Photo: Getty/ Thinkstock)

Multiple studies and experts have suggested that consistent movement, even if mild, can build a strong foundation for a healthy and fit life.

Not only does it help you stay toned, improve sleep, keep your bones strong, and even aid in skin and hair health, but also fights anxiety and depression, leading to better mental health, says a new data analysis.

The meta-analysis, published in the journal JAMA Psychiatry, analysed 15 studies with over 190,000 people to determine how much exercise was needed to reduce depression. The findings of analysis go on to prove that exercise is not just for attaining aesthetic fitness goals, but also for holistic health. While it is true that if you are feeling depressed or anxious, it can be even harder to get up and move, but doing that is the key to better mental health.

The analysis found that adults who did activities equivalent to 1.25 hours of brisk walking per week had an 18 per cent lower risk of depression compared with those who did not exercise. Additionally, moving up to an “activity volume equivalent to 2.5 hours of brisk walking per week was associated with 25 per cent lower risk of depression,” as per the study. It also mentioned that “most benefits are realised when moving from no activity to at least some”.

ALSO READ |What does no physical exercise mean for your body?

“Our findings therefore have important new implications for health practitioners making lifestyle recommendations, especially to inactive individuals who may perceive the current recommended target (of exercise) as unrealistic,” the authors wrote in the study.

Dr Kedar Tilwe, who is the consultant psychiatrist at Fortis Hospital, Mulund and Hiranandani, Vashi, concurs with the findings of the study, saying that physical exercise can be of great value in helping people cope with lethargy, boredom, and even mental fatigue as “exercise is often associated with the release of Endorphins and other mood-elevating physiological changes within one’s body.”

As a result, “it also helps boost self-esteem and build a positive self-image. In fact, regular exercise can be therapeutic to a certain extent, especially when dealing with depression of mild severity. Combining exercises along with behavioral activation techniques and mindfulness or yoga exercises can prove beneficial in improving adherence to therapy as well as improving the efficacy of the interventions in battling depression as well,” the doctor says.

## **The World Malaria Report 2021**

**The World Malaria Report 2021 of the World Health Organization (WHO) sees India as the only high burden country to have been able to sustain a reduction in the malaria disease burden. Yet, it also notes that India accounted for about 82 per cent of all malaria deaths in the South-East Asian region. The pandemic months have only added to the woes and now with new technologies and tools being discussed, what options India has and challenges it faces while on its goal to eliminate malaria by 2030, if not earlier. (The Indian Express:20220426)**

<https://indianexpress.com/article/lifestyle/health/world-malaria-day-2022-soumya-swaminathan-interview-7884833/>

WHO’s chief scientist Dr Soumya Swaminathan took time out from her busy schedule to speak to the Indian Express Group’s E Kumar Sharma.

Q. Dr Soumya, thank you so much for your time. As you know, the theme for World Malaria Day 2022 is “harness innovation to reduce the malaria disease burden and save lives,” what is your view on the newer technologies being deployed to help in malaria eradication?

Swaminathan: It’s important to recognise that, although some countries have been successful in stamping out malaria, we are still a very long way from malaria eradication, which refers to the elimination of malaria in all parts of the world. In 2020 alone, there were an estimated 241 million malaria cases worldwide and 6,27,000 deaths worldwide. Sub-Saharan Africa continues to carry the heaviest burden of the disease (95 per cent of all malaria cases and 96 per cent of all deaths). Thankfully, there are a number of exciting technologies in the R&D pipeline. These include, for example, new vector control innovations such as new types of insecticide-treated nets, spatial mosquito repellents, gene-drive approaches and sugar baits designed to attract and kill Anopheles mosquitoes.

#### ADVERTISEMENT

Then there are the new antimalarial medicines. The WHO welcomes, for example, the recent approval by the Australian Therapeutic Goods Administration of dispersible tablets of single-dose tafenoquine for the prevention of *P. vivax* malaria among children. As a single dose, tafenoquine is expected to support patient adherence to treatment. The current standard of care requires a 7- or 14-day course of medication.

Also, the new malaria vaccines. We already have a safe and effective vaccine (RTS, S/ASOI) that is currently being deployed in three African countries. In addition, the WHO welcomes progress in the development of R21/Matrix-M and other malaria vaccine candidates in early clinical development; the successful completion of clinical trials for these vaccines will be important to assess their safety and efficacy profiles. The WHO also welcomes the news from BioNTech, manufacturer of the Pfizer-BioNTech Covid-19 vaccine, that it aims to develop a malaria vaccine using mRNA technology.

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Also in Express Health |Does Covid-19 affect the brain? Answer is a resounding yes...focus on nutrition, physical activity and positive outlook

Q. Dr Soumya, what about leveraging the option of genetic modification in mosquitoes. Is this an option India should be opting for?

Swaminathan: For now, gene drive is being tested only in large-scale laboratory experiments. Field trials are still several years away. Whether or not the WHO will recommend genetically modified mosquitoes as an intervention for malaria vector control will depend on the outcome of these trials. Until that point, India should not consider this as a viable option but instead focus on deploying those interventions recommended in the WHO malaria guidelines.

Cutting Edge |After Covid, can genome sequencing help identify gene responsible for drug-resistant TB?

Q. Many experts have also been recommending reliance on Wolbachia bacteria. How significant is the scope for this and should this be an option India should seriously pursue?

Swaminathan: Introduction of Wolbachia, a naturally occurring obligate intracellular bacteria, into a mosquito population has so far only been assessed by the WHO as an intervention against *Aedes* mosquitoes. It is not an intervention that is currently available for the control of the anopheline vector of malaria.

Q. What would you say are the three key steps India should be taking as it pushes for greater malaria control and, ultimately, elimination?

Swaminathan: The National Centre for Vector Borne Diseases, Ministry of Health and Family Welfare, and WHO are currently conducting this week and next week a review of the malaria programme. The findings and recommendations will inform the development of the national malaria strategic plan for the period 2023-2027. I do not want to pre-empt what the experts would recommend, but from my perspective efforts at malaria elimination in India will be accelerated by strengthening human resources. The vacant key positions with managerial and technical functions at central, state and district levels, and those responsible for delivery of services at the peripheral level should be filled. Training in malaria elimination should be scaled-up and the necessary enabling environment should be put in place for staff to effectively perform their tasks.

B, revamping the surveillance system to make it a core intervention for malaria elimination. The country should harness its strength in telecommunications technology and human resources on the ground (multi-purpose workers and Accredited Social Health Activists, or ASHAs) to have an effective surveillance and response system to eliminate malaria. C, investing in research and development of new tools and approaches to deliver interventions to high risks populations in hard-to-reach areas. This will benefit not only India but also other malaria-endemic countries.

Q. What is your view on the challenges faced on account of migrant workers?

Swaminathan: Migrant workers, including those who migrate from malaria-endemic villages to urban areas, are among the high-risk groups and drivers of malaria transmission. This is one reason why urban malaria is still a problem in India. In some cases, migrant workers from areas without malaria contract the disease in places where they go for work, such as mining and agroforestry sites, where malaria transmission is still high. A good surveillance and response system and innovative ways to deliver interventions for migrant workers are needed.

Q. What about combating drug and insecticide-resistant malaria? What measures would you suggest on this?

Swaminathan: Resistance of malaria parasites to medicines and resistance of malaria vectors to insecticides are among the key challenges to malaria elimination, not only in India and in many countries around the world.

Some suggestions to combat these challenges will be: As for drug resistance, periodically review and update the malaria treatment policy based on evidence. The national malaria programme and research institutes in India, with support from the WHO, are continuously monitoring malaria drug resistance, and there is a mechanism in the country to periodically review the data and update the malaria treatment policy. This should be sustained.

Some of the challenges include inappropriate use of malaria medicines in the private formal and informal health sectors, poor adherence to treatment by patients and poor adherence of some medical staff to the treatment guidelines. It will help to strengthen the implementation of regulations that would ensure the quality of malaria medicines and prohibit the sale of medicines that are not recommended for use in the country.

Research and development of new malaria medicines or test combinations of current malaria drugs should be intensified.

As for insecticide resistance, developing and implementing an insecticide resistance management plan based on evidence. To mitigate the impact of insecticide resistance, the country should regularly monitor the susceptibility of its key mosquito vectors to the insecticides that are in current use and those that are planned to be used in the near future. Depending on these data, interventions should be chosen that use effective insecticides. It is also recommended that the country tries to minimise selection pressure for resistance, for example by not using pyrethroid insecticides for indoor residual spraying (IRS) and deploying insecticide-treated nets in the same area, as these are also all treated with pyrethroids. Apart from these, invest in developing public health entomologists and invest in research to develop a new class of insecticides and other vector control tools.

Q. Dr Soumya, some have been arguing that the malaria problem in India is today really in certain pockets and tribal locations. What do you see as the barriers and the strategies that could be deployed to overcome these?

Swaminathan: India has made enormous progress in reducing its malaria burden. However, pockets of high transmission exist mainly among tribal communities in areas that are very hard to reach.

The government has trained and supported ASHAs among the tribal communities to deliver services. This should be further expanded and improved through regular supportive supervision and supply of rapid diagnostic tests and medicines. Innovative approaches of health education based on social science research should be carried out. The Tribal Health Department and other sectors, such as education and forestry departments, should be engaged. In the long term, health centres should be built closer to remote tribal communities, and (as far as possible) the staff should be from those communities to avoid socio-cultural barriers.

Pockets of high transmission are also present in some forest reserve areas, including those at international borders, where settlers are considered illegal and therefore no services are provided. I believe it is time to revisit government policies on this issue and—in the context of sustainable development, health equity and malaria elimination— health services or at least malaria interventions should be provided. The provision of services could be through NGOs or civil society if the programme cannot deliver these services.

Q. In the Indian context, since the focus is on eradication, there is also the component of cross-border movement. Do you think it is time to actively move on a cross-border health framework?

Swaminathan: Firstly, let me clarify that eradication means all countries around the world have eliminated malaria so there is no more source of human malaria. The current aim in India and in all countries in WHO South-East Asia Region is to eliminate malaria by 2030, as per the Ministerial Declaration on Malaria Elimination in South East Asia Region in November 2018. By 2030, several countries mainly in Africa will still have malaria so the risk of re-establishment of malaria in India would be high.

Cross-border collaboration on malaria between India, Bhutan, Nepal, and Bangladesh exists and should be formalised at the highest level possible. And I believe that a broader framework that addresses common health problems and not just malaria should be put in place.

Q. The National Framework for Malaria Elimination in India (2016-2030) has been an important roadmap in the country's drive to end malaria. However, integrated programmes that target overall disease control can be highly effective in the long term. Would India benefit from implementing a triple elimination plan that brings malaria, lymphatic filariasis, and visceral leishmaniasis under its ambit? How so?

Swaminathan: The programmes to eliminate malaria, lymphatic filariasis, and visceral leishmaniasis are under the same office – the National Vector Borne Disease Control Programme. So, there is value in implementing a “triple elimination plan” in states and districts where these three diseases co-exist. While there are specific activities for each disease, some could be integrated such as annual review and planning meetings, training, supervision and monitoring. The surveillance platform could be integrated, too.

Q. Covid-19 related disruptions affected malaria control efforts around the world. Globally, the pandemic has undoubtedly brought about major changes and adaptations to health systems – enhanced surveillance and screening, data sharing, vaccine delivery and doorstep service delivery are just some of these initiatives. What can we learn from the global Covid response that can be applied to India's strategy for improved malaria control?

Swaminathan: Disruptions in malaria diagnosis and treatment occurred in India during the Covid-19 pandemic; a WHO pulse survey, for example, showed partial disruptions of between 5 per cent to 50 per cent in 2020, and there was over 30 per cent fewer malaria diagnostic tests in 2020 compared to the year before the pandemic. The data for 2021 is not yet available, but disruptions could be higher, especially during the period when the pandemic peaked and caused devastation in the country. However, India's malaria burden continued to decline between 2019 and 2020, even though the rate of reduction was slower compared to pre-pandemic years.

There are several lessons from the pandemic response that I believe would be applicable to India. These include: First, the health system, mainly surveillance, epidemic preparedness and response, supply chain management, and good coordination between central and states and between states and districts is essential. Second, a whole-of-society or multi-sectoral response should be adopted.

Third, a good communications strategy for each target audience, such as communities at risk and traditional leaders, health workers, private practitioners, private corporate sector, elected officials, etc. Fourth, re-purposing health workers to deliver malaria interventions when needed, such as to control malaria and mass distribution of insecticide-treated mosquito nets.

Q. Research has indicated the fact that climate change will increase malaria transmission in endemic areas. Even in regions that have been malaria-free so far, an increase in temperature, rainfall, and humidity could cause a proliferation of malaria-carrying mosquitoes. What, in your opinion, is the impact of climate change on control and elimination strategies?

Swaminathan: The basic WHO position is that climate change is likely to increase rather than decrease the risk of malaria transmission. However, to date, there is no evidence that climate change has affected malaria control and elimination strategies. The 2020 report of the Strategy

Advisory Group on malaria eradication has looked at this in detail and does provide useful information, especially with respect to malaria transmission and the vulnerability of populations to malaria.

## **Diabetes patients**

**Only one in three diabetes patients in India have sugar levels under control, reveals new study**

**The decade-long study found that only 36.3% of known diabetics have their A1c levels (average blood glucose level over the last three months) under control, 48.8% have their blood pressure under control, and 41.5% have their bad cholesterol under control. (The Indian Express:20220426)**

Just over one in three people in India who know they have diabetes have their sugar levels under control, revealed an Indian Council of Medical Research (ICMR)-funded study, 'INDIAB', published in The Lancet (Diabetes and Endocrinology) on Thursday.

## **Vaccination Drive**

**Drive to vaccinate the world against Covid is losing steam**

**Only a few of the world's 82 poorest countries — including Bangladesh, Bhutan, Cambodia and Nepal — have reached the 70% vaccination threshold. Many are under 20%, according to data compiled from government sources by the Our World in Data project at the University of Oxford. (The Indian Express:20220426)**

<https://indianexpress.com/article/lifestyle/health/world-vaccination-rate-covid-losing-steam-7883533/>

A refrigerator housing a fresh shipment of Johnson & Johnson's Covid-19 vaccines, overseen by Covax, the global vaccine clearinghouse, in Juba, South Sudan on Oct. 19, 2021. (New York Times)

In the middle of last year, the World Health Organization began promoting an ambitious goal, one it said was essential for ending the pandemic: fully vaccinate 70% of the population in every country against COVID-19 by June 2022.

Now, it is clear that the world will fall far short of that target by the deadline. And there is a growing sense of resignation among public health experts that high COVID vaccination coverage may never be achieved in most lower-income countries, as badly needed funding from the United States dries up and both governments and donors turn to other priorities.

“The reality is that there is a loss of momentum,” said Dr. Isaac Adewole, a former health minister of Nigeria who now serves as a consultant for the Africa Centers for Disease Control and Prevention.

Only a few of the world’s 82 poorest countries — including Bangladesh, Bhutan, Cambodia and Nepal — have reached the 70% vaccination threshold. Many are under 20%, according to data compiled from government sources by the Our World in Data project at the University of Oxford.

By comparison, about two-thirds of the world’s richest countries have reached 70%. (The United States is at 66%.)

The consequences of giving up on achieving high vaccination coverage worldwide could prove severe. Public health experts say that abandoning the global effort could lead to the emergence of dangerous new variants that would threaten the world’s precarious efforts to live with the virus.

“This pandemic is not over yet — far from it — and it’s imperative that countries use the doses available to them to protect as much of their population as possible,” said Dr. Seth Berkeley, CEO of Gavi, the nonprofit that runs the global vaccine clearinghouse COVAX.

Countries in different parts of the world, including some in Eastern Europe and the Middle East, have seen their vaccination rates stagnate in recent months at one-third or less of their populations. But Africa’s vaccination rate remain the most dismal.

Fewer than 17% of Africans have received a primary COVID immunization. Nearly half of the vaccine doses delivered to the continent thus far have gone unused. Last month, the number of doses injected on the continent fell by 35% compared to February. WHO officials attributed the drop to mass vaccination pushes being replaced by smaller-scale campaigns in several countries.

Some public health experts point to reasons for optimism that the global vaccination campaign still has steam. Despite the drop off from the February peak, the number of COVID vaccinations being administered each day in Africa is still near a pandemic high. And Gavi earlier this month drew a significant new round of funding pledges, securing \$4.8 billion in commitments, although it fell short of its \$5.2 billion goal.

There is also hope that a global COVID summit the White House plans to co-host next month could be an opportunity to generate momentum and funding.

But the drop in public demand has led some health officials and experts to quietly, and in some cases outright, question whether the 70% vaccination target is feasible or even sensible.

Reported fatalities from COVID-19 remain comparatively low in sub-Saharan Africa, although there is debate about how much of this reflects poor data tracking. The perception, however, in

many countries in the region is that the disease does not pose a serious threat, certainly not as much as other pervasive health problems that demand attention with scarce health care resources.

Many lower-income governments are turning their focus to their economies and other health issues like HIV, said Fifi Rahman, a civil society representative to a WHO-launched group coordinating the global COVID response. “There’s a sense of a lot of competing priorities, but that’s a symptom of the momentum being gone. Because when the momentum was there, everyone was like, ‘Where are our vaccines?’”

After the WHO began promoting the 70% vaccination goal, many lower-income governments adopted the target for their own populations. The Biden administration also endorsed it in September, setting a deadline of September 2022.

At the time, two doses of the vaccines from Pfizer and Moderna were understood to offer very strong protection against even mild disease, and there was still hope that achieving high levels of vaccination coverage would tame the virus. But the emergence of new variants and the spread of the virus in Africa changed the calculus.

The vaccine regimens that had been planned for the developing world offered little protection against infection with the omicron variant. And as sub-Saharan African countries were shut out of vaccine distribution for much of last year, more and more Africans gained protection against the virus from natural infection, which studies have shown works as well as two mRNA doses in preventing infection. New data from the WHO shows that at least two-thirds of Africans had been infected with the virus before the omicron wave.

Given these factors, some public health experts in Africa say the broad 70% goal no longer makes sense. “There’s very little value to it. In fact, we will gain much more by getting to more than 90% of people above the age of 50,” said Shabir Madhi, a professor of vaccinology and the dean of the faculty of health sciences at the University of the Witwatersrand in Johannesburg. About two-thirds of South Africans above age 50 are currently fully vaccinated.

Madhi said that South Africa could close down mass vaccination sites and instead redouble its efforts to seek out the most vulnerable at church services and at government offices that pay out monthly pension benefits.

Katherine O’Brien, who directs the WHO’s work on vaccines and immunizations, said the agency encourages countries to focus on its most vulnerable citizens rather than vaccinating “a random set of 70%” of their populations. The aspiration she said, has always been “100% of health workers, 100% of older adults, 100% of pregnant women, 100% of the people who fall into those highest risk groups.”

## **Minister urges private sector to join fight against malaria**

### **Minister urges private sector to join fight against malaria (The Hindu:20220426)**

<https://www.thehindu.com/news/national/minister-urges-private-sector-to-join-fight-against-malaria/article65353586.ece>

Leveraging technology to develop tailor-made solution crucial, says Mansukh Mandaviya  
Suggesting that the private sector including the private practitioners need to align their malaria case management, reporting and related activities with the national program, Union Health Minister Mansukh Mandaviya said the need is to emphasize progressive strengthening of health care delivery system and improving multi-sectoral coordination and collaboration.

“Not only diagnosis and treatment, “swachhta” in our personal and community surroundings and social awareness regarding malaria control and prevention are equally important in our collective fight against the disease and for meeting our goal of elimination by 2030, ” Dr. Mandaviya said on Monday in his address to commemorate World Malaria Day 2022.  
April books on health exhort readers to develop a strong mind and know their potential to build a disease-free life for themselves

## **New COVID-19 surge**

### **New COVID-19 surge | Children not more vulnerable, high risk population needs care, say experts (The Hindu:20220426)**

<https://www.thehindu.com/news/national/new-covid-surge-children-not-more-vulnerable-high-risk-population-needs-care/article65351149.ece>

‘Schools should continue to function for offline classes in full capacity’  
The daily rise in COVID–19 numbers is no cause for concern and India’s focus should be on protecting those who may develop severe outcomes after the infection, say experts.

“The high risk and vulnerable population needs to be protected. The children are at the least risk of developing poor outcomes. In this backdrop, the schools

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HIV (human immunodeficiency virus)

Over 17 lakh people contracted HIV in India in last 10 years by unprotected sex: RTI reply(The Hindu:20220426)

<https://www.thehindu.com/sci-tech/health/over-17-lakh-people-contracted-hiv-in-india-in-last-10-years-by-unprotected-sex-rti-reply/article65350728.ece>

The number of people contracting HIV (human immunodeficiency virus) in the last 10 years has come down significantly.

Over 17 lakh people contracted HIV in the country in the last 10 years due to unprotected intercourse, according to the data provided by National AIDS Control Organization in response to an RTI query.

## **WHO**

### **WHO says at least one child has died after increase of acute hepatitis cases in children (The Hindu:20220426)**

<https://www.thehindu.com/sci-tech/health/who-says-at-least-one-child-has-died-after-increase-of-acute-hepatitis-cases-in-children/article65349487.ece>

The WHO said a common cold virus known as an adenovirus had been detected in at least 74 cases

The World Health Organization said on Saturday that at least one child death had been reported following an increase of acute hepatitis of unknown origin in children, and that at least 169 cases had been reported in children in 12 countries.

The WHO issued the figures as health authorities around the world investigate a mysterious increase in severe cases of hepatitis - inflammation of the liver –

## **Omicron's BA.2.12 strain**

### **Delhi reports first case of Omicron's BA.2.12 strain (The Hindu:20220426)**

<https://www.thehindu.com/sci-tech/health/more-transmissible-ba212-variant-of-covid-19-found-in-delhi/article65348585.ece>

Govt. should strengthen genome sequencing, masks do not help: Experts

The national capital has reported the BA.2.12 variant of the COVID-19 for the first time, which is more transmissible than the Omicron variant (BA.2) of the virus, according to data seen by The Hindu.

The BA.2.12 is a sub lineage of the Omicron variant and was spotted during genome sequencing to find the current surge in COVID-19 cases in Delhi.

## **Coronavirus Infection (The Hindu:20220426)**

<https://epaper.bhaskar.com/detail/1259061/76208714458/mpcg/26042022/194/image/>

सावधानी जरूरी • दिल्ली में 25 अप्रैल तक कोरोना के मामलों में हुई 70% से अधिक की वृद्धि

# कोरोना की रोकथाम के लिए सरकार लगा सकती है कर्फ्यू, संक्रमण दर 6.42 फीसदी

भास्कर न्यूज | नई दिल्ली

दिल्ली में अप्रैल महीने में अब तक कोरोना के मामलों में 70 प्रतिशत से अधिक की बढ़ोतरी हुई है, जबकि सोमवार को संक्रमण दर 6.42 तक पहुंच गई है। हेल्थ एक्सपर्ट का कहना है कि दिल्ली सरकार को कोरोना की रोकथाम के लिए कर्फ्यू लगा देना चाहिए। हालांकि नियम के अनुसार संक्रमण दर 5 प्रतिशत से उपर लगातार 3 से 5 दिन तक बनी रहती है तो सरकार कर्फ्यू लगा सकती है। वहीं आइसोलेशन में रहने वाले कोरोना संक्रमित की संख्या पिछले 14 दिनों में 6 गुणा से अधिक बढ़ गई है। सरकारी आंकड़ों के मुताबिक 11 अप्रैल को दिल्ली होम आइसोलेशन में कोरोना संक्रमितों की संख्या 447 थी, जो 25 अप्रैल को बढ़कर 3067 हो गई। इस दौरान अस्पतालों में भर्ती संक्रमितों की संख्या भी 17 से बढ़कर 121 हो गई है।

हालांकि, दिल्ली सरकार का दावा है कि मामले बढ़ने के बावजूद अस्पतालों में भर्ती होने की दर कम है। दिल्ली में एक्टिव मरीजों की संख्या 11 अप्रैल को 601 थी, जो अब बढ़कर 41168 तक पहुंच गई है। हेल्थ एक्सपर्ट ने कोरोना मामलों में वृद्धि कोरोना नियमों का सही से पालन नहीं करना बताया है। साथ ही इससे घरबराने की जरूरत नहीं है क्योंकि अधिकांश लोगों में टीकाकरण या पिछले संक्रमण के कारण इम्युनिटी बनी हुई है। बता दें कि गत 13 जनवरी को दिल्ली में कोविड-19 के रिकॉर्ड 28,867 मामले दर्ज किए गए थे और 14 जनवरी को संक्रमण दर 30.6 प्रतिशत रही थी।

फर्क केस बढ़ने से नहीं, अस्पताल में भर्ती होने के रेट से पड़ता है: एक्सपर्ट

## 15 से 25 अप्रैल के बीच की स्थिति

तारीख	नए केस
15 अप्रैल	366
16 अप्रैल	461
17 अप्रैल	517
18 अप्रैल	501
19 अप्रैल	632
20 अप्रैल	1,009
21 अप्रैल	965
22 अप्रैल	1042
23 अप्रैल	1094
24 अप्रैल	1083
25 अप्रैल	1011

## होम आइसोलेशन में मरीजों की संख्या

15 अप्रैल	685
16 अप्रैल	700
17 अप्रैल	964
18 अप्रैल	1,188
19 अप्रैल	1,274
20 अप्रैल	1,574
21 अप्रैल	1948
22 अप्रैल	21173
23 अप्रैल	2532
24 अप्रैल	3975
25 अप्रैल	4168

हेल्थ एक्सपर्ट्स का कहना है कि दिल्ली में कुछ दिन और केस बढ़ने की संभावना है, उसके बाद इसमें फिर से कमी आने लगेगी। नए केस बढ़ने से ज्यादा फर्क नहीं पड़ता, फर्क तब पड़ता है जब अस्पताल में भर्ती होने का रेट ज्यादा हो। दिल्ली या पूरे देश में इस वकत किसी भी राज्य में अस्पताल में भर्ती होने वाले मरीजों का आंकड़ा नहीं बढ़ा है। दिल्ली में जितने भी एक्टिव केस हैं, उनके 2 या 3 प्रतिशत मरीजों को अस्पतालों में भर्ती होना पड़ रहा है। इसमें से भी डायरेक्ट कोविड से भर्ती होने का आंकड़ा कम है। साथ ही कोरोना से होने वाली मौतों का आंकड़ा बेहद कम है, इसलिए घरबराने की जरूरत नहीं है, केवल सतर्क रहने की जरूरत है।

## दिल्ली में अप्रैल के महीने में कोरोना संक्रमितों की स्थिति

फिलहाल दिल्ली में कोरोनावायरस से संक्रमितों की क्या स्थिति है, यह आप 1 से 25 अप्रैल के आंकड़ों से अंदाजा लगा सकते हैं। इन 25 दिनों में कोरोना के मामलों में 70 प्रतिशत की बढ़ोतरी हुई है। इन तीन सप्ताह में ही इतने केस आ चुके हैं, जितने पूरे मार्च महीने में भी रिपोर्ट नहीं किए गए थे। दिल्ली सरकार के आंकड़ों के मुताबिक दिल्ली में अप्रैल के शुरुआत से ही केस बढ़ने शुरू हो गए थे। 1 अप्रैल से 7 अप्रैल के बीच दिल्ली में 826 नए केस दर्ज हुए थे। इसके अगले सप्ताह ही मामलों में 70 फीसदी तक का उछाल आ गया। इस तरह 8 से 14 अप्रैल के बीच 1,410 मामले दर्ज किए गए। 15 से 25 अप्रैल के बीच नए मामलों की संख्या 9,873 हो गई है, जो कि अप्रैल महीने में 70 फीसदी की बढ़ोतरी है। वहीं फरवरी में 29,624 केस दर्ज किए गए थे, क्योंकि तब तीसरी वेव का असर था।

## कोरोना के नए मामले 1,011, एक मरीज की मौत

दिल्ली में कोरोना एक्टिव केस की संख्या बढ़कर 4,168 हो गई है। दिल्ली के स्वास्थ्य विभाग के अनुसार सोमवार को कोरोना के 1,011 नए मामले सामने आए। वहीं 817 मरीजों को छुट्टी दे दी गई, जबकि एक मरीज ने कोरोना के कारण दम तोड़ दिया। दिल्ली में कोरोना की जांच के लिए सोमवार को 15742 टेस्ट हुए जिसमें 6.42% संक्रमित पाए गए। अभी तक 18,74,876 लोग संक्रमित हो गए हैं। इनमें से 18,75,887 मरीज ठीक हो गए। वहीं 26168 मरीजों ने कोरोना के कारण दम तोड़ दिया है। कोरोना से मृत्युदर 1.39 फीसदी है।

Health Care Services (The Hindu:20220426)

<https://epaper.bhaskar.com/detail/1259061/549081449/mpcg/26042022/194/image/>

# एम्स ने कोरोना संक्रमित मरीजों के लिए दो वार्ड किए आरक्षित

भास्कर न्यूज | नई दिल्ली

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) ने कोरोना के बढ़ते मामलों को देखते हुए सोमवार को मुख्य परिसर में 2 वार्ड कोरोना संक्रमितों के लिए आरक्षित करने के आदेश जारी किए हैं। यह आदेश एम्स के चिकित्सा अधीक्षक डॉ डीके शर्मा ने जारी किया है। लेकिन एम्स ने ट्रामा सेंटर को कोरोना अस्पताल बनाने से मना कर दिया है। ऐसे में अन्य गंभीर लोग जो सड़क दुर्घटना में घायल होकर इलाज के लिए यहां आते हैं उन्हें राहत मिलेगी। एम्स प्रशासन के आदेश अनुसार न्यू प्राइवेट में मौजूद जिरियाट्रिक वार्ड और पल्मनरी मेडिसिन के वार्ड को कोरोना वार्ड में बदलने का फैसला



किया गया है। इन वार्डों में बुजुर्ग मरीजों और सांस के मरीजों का इलाज किया जाता है।

अब दोनों वार्ड के मरीजों के लिए अस्पताल के मुख्य परिसर में 7वें तल पर मौजूद सर्जरी वार्ड की जगह दी गई है। इसके अलावा सर्जरी विभाग से कहा गया है कि वे अपनी मौजूद सेवाओं को नवनिर्मित सर्जरी ब्लॉक में शुरू कर दें। इससे किसी भी तरह के मरीजों का इलाज प्रभावित नहीं होगा। एम्स में अभी सिर्फ 3 ही कोरोना संक्रमित मरीज भर्ती हैं।